PTO/SB/17 (12-0

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE erwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number Complete if Known Effective on 12/08/2004. pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). 09/941,925 Application Number **TRANSMITTAL** Filing Date August 30, 2001 **Robert FROST** First Named Inventor For FY 2005 **Examiner Name** Krisanne M. Jastrzab Applicant claims small-entity status. See 37 CFR 1.27 Art Unit 1744 1093/50057 TOTAL AMOUNT OF PAYMENT (\$) 250.00Attorney Docket No. METHOD OF PAYMENT (check all that apply) None Check Credit Card Money Order Other (please identify): Deposit Account Deposit Account Number: 05-1323 Deposit Account Name: Crowell & Moring LLP For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Credit any overpayments Charge any omitted fees or underpayments under 37 C.F.R. §1.16 and §1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES** SEARCH FEES **EXAMINATION FEES Small Entity Small Entity Small Entity** Fees Paid (\$) Fee (\$) Fee (\$) **Application Type** Fee (\$) Fee (\$) Fee (\$) Fee (\$) 300 150 500 250 200 100 Utility 200 100 100 50 130 65 Design 150 80 Plant 200 100 300 160 150 500 250 600 300 Reissue 300 200 100 0 0 0 0 **Provisional Small Entity** 2. EXCESS CLAIM FEES Fee Description Fee (\$) Fee (\$) Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 25 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100 360 180 Multiple dependent claims **Total Claims** Extra Claims Fee Paid (\$) **Multiple Dependent Claims** - 20 or HP = 50 Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20 Indep. Claims Fee Paid (\$) Extra Claims Fee (\$) 0 200 - 3 or HP = HP = highest number of independent claims paid for, if greater than 3 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Number of each additional 50 or fraction thereof Fee Paid (\$) (round up to a whole number) x 4. OTHER SHEET(S) Fee Paid (\$) Non-English Specification, \$130 fee (no small entity discount) \$250.00 Other: Statutory Disclaimer (\$130), One-month extension of time (\$120) SUBMITTED BY

Signature

Registration No. (Attorney/Agent) 42,028

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Date November 23, 2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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